

Questions for New 90 Day Review

| A. Person-Centered Plan |
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| A-1) Is the Person-Centered Plan current? |
| A-2) Does the Person-Centered Plan address the needs and preferences of the individual? |
| b. If no, identify the unmet needs? |
| A-3) Is the Person-Centered Plan being implemented by all providers according to the specifics spelled out in the plan? |
| a. If no, what service(s) are not being addressed? |
| A-4) In the last 90 days, has the Case Manager verified with each provider that services are being delivered as directed in the Person-Centered Plan? |
| A-5) Is the level of care determination current? |
| A-6) Is the participant happy with their daily routine and how they spend their days? |
| B. MOBILITY & FALL RISK |
| B-1 Which of these statements fit best describes your ability to get around your home? |
| a. You must stay in bed all or most of the time. |
| b. You must stay in the home most of the time. |
| c. You need help in walking around inside or outside. |
| d. You do not need help walking around inside or outside. |
| e. You have no problems in moving around in your home or outside. |
| B-2 Can you walk safely in your own home? |
| b.–If no, what barriers are there in your home? |
| a. Do you have to walk around furniture |
| b. Do you have to hold onto furniture to get around |
| c. Do you trip on rugs |
| d. Do you have clutter (papers, books, clothing, blankets, etc) on the floor causing problems in moving around |
| e. Do you have enough light to see where you are walking throughout your home? |

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| B-3 Is the individual able to exit the home UNASSISTED in an emergency? |
| B-4 Has the individual had any falls in the last 90 days? |
| C. Health & Medical |
| C-1 Have you forgotten things more than usual in the last 90 days? |
| C-2 Have you had any visits to the Emergency Room in the last 90 days? |
| C-3 Has the individual received appropriate follow-up after an emergency room visit or hospitalization in the past 90 days? |
| C-4 Have you had any hospital admission in the last 90 days? |
| C-5 How often do you have trouble taking medicines the way you have been told to take them? Pick one of the following: |
| a. I am not prescribed any medicines. |
| b. I always take them as prescribed |
| c. I usually take them as prescribed |
| d. I seldom take them as prescribed |
| C-6 Does the individual use tobacco products? |
| C-7 Does the individual have a history of illegal drug use? |
| C-8 Does the individual have a history of prescription drug abuse? |
| C-9 Does the individual place themselves at risk by disregarding critical medical advice? |
| C-10 Has the individual felt depressed any more than usual in the last couple of months? |
| G-11 In the last 90 days, has the individual expressed feelings of wanting to die or harm themselves? |
| C-12 Has the individual's doctor diagnosed any new medical conditions in the past 90 days? |
| C-13 Has the individual seen a dentist within the last year? |
| C-14 Has the individual had an eye examination within the past 2 years? |
| C-15 Has the individual seen their primary health care provider within the past year? |
| C-16 Has the individual received "age-relevant" recommended preventative health care assessment(s)? (e.g. mammograms, pap smears, prostate exams, ETC., as relevant to age) |
| C-17 Does the individual have a history of experiencing bedsores? |

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| C-18 Does the individual's weight cause health, social or mobility problems? |
| C-19) Has the individual seen specialists as scheduled? |
| C-20 Does the individual report any un-met medical need? |
| C-21 In the last 90 days has the individual's doctor made any changes to their medications? |
| C-22 Do any of the medication(s) cause the individual negative side effects? |
| c-23 Are all identified health and safety measures in place for the individual? |
| C-24 Does it appear that caregivers are aware of specific health and safety risks for the individual? |
| C-25 Are all identified environmental modifications/assistive devices needed by the individual in place? |
| D. RIGHTS AND FREEDOM OF CHOICE |
| D-1 Has the individual or their legal guardian been provided information on their right to chose and change service providers and case managers? |
| D-2 Is the individual able to understand and exercise their rights? |
| D-3 Is the individual able to access their personal possessions at times of their choosing? |
| D-4 Is the individual able to have visitors at times of their choosing? |
| D-5 Is the individual free to receive and open mail in private? |
| D-6 Is the individual free to use the telephone and internet at desired times? |
| D-7 Does the individual have choices in what foods are available and when they eat? |
| E. RISK FOR ABUSE, NEGLECT OR EXPLOITATION (ANE) |
| E-1 Does the individual make statements that indicate they may be feeling exploited? |
| E-2 In the last 90 days has the individual experienced harm and/or abuse that resulted in a report of any kind? |
| E-3 In the last 90 days has the individual experienced any unexplained injuries or bruises, or exhibited unusual fearful behaviors ? |
| E-4 Has the individual been free from poor hygiene, urine burns, bed sores, dehydration, inadequate food supply or repetitive hospital visits related to care? |
| E-5 Is the individual left alone for extended periods of time without adequate support? |
| E-6 Is the living environment cluttered and/or dirty? |

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| E-7 Is the individual unable to account for missing money or property? |
| E-8 Is the individual unable to account for missing medications? |
| E.9 Is the individual at increased risk for Abuse, Neglect or Exploitation because of: Check all that apply: |
| a. Age |
| b. Family structure |
| c. Physical frailty/bedbound |
| d. Dementia |
| e. Isolation |
| f. Environment |
| g. Inability to clearly communicate |
| E-10 Does the individual live with other individuals, family or acquaintances, who have no visible means of support? |
| F. Social Relationships & Environment |
| F-1 Does the individual live alone? |
| F-2 Is the setting integrated in the community allowing for access to the wider community? |
| F-3 Does the individual have family or friends nearby who provide socialization on a regular basis? |
| F-4 Does the individual have the choice to have a roommate? |
| F-5 Does the individual have a choice of activities and control over their schedule? |
| F-6 Is the individual satisfied with his/her general living situation? |
| G. Staffing |
| G-1) Are staff skill and knowledge levels appropriate to participant's needs? |
| G-2 Are non-paid caregiver skill and knowledge levels appropriate to participant's needs? |
| G-3 Does the individual feel that they are being treated with respect by staff? |
| G-4) Do staff seem to be aware of incident reporting requirements? |
| G-5 Are staff implementing the service plan in a Person-Centered manner? |
| Z: Other Information |

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| Z-1 Is the individual's situation satisfactory, in regards to any issues not covered in the other sections? |
| Z-2 In the past 90 days have staff exceeded hours authorized in the NOA? |

SPECIAL MODULES

| H. Seizure Module |
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| H-1) Is seizure activity being addressed via a written seizure management plan? |
| H-2 Is the seizure management plan being implemented as written? |
| H-3 Has seizure activity increased or become unstable over the past year? |
| H-4 Has the individual attended MD/neurologist appointments as scheduled or as needed? |

| BSS. Behavior Support Service Module |
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| BSS-1 Is the individual's behavior support plan current and relevant to the individual's needs? |
| BSS-2 Is the behavior management plan being implemented as written? |
| BSS-3 Is the behavior documentation up to date? |
| BSS-4 Concerning the frequency of the individual's behavioral episodes, have the episodes: (Case Manager should review quarterly data/documentation from Insite or Incident Reporting system to avoid anecdotal based decision.) |
| a. Increased |
| b. Decreased |
| c. Remained the same |
| BSS-5 Does the BSP utilize any restrictive measures, restraint or confinement? |

| HCBS Compliant Settings Module - Residential | |
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| RS -1) | Does the individual have privacy in their unit including a lockable door? |
| RS-2) | Does the participant have the freedom to furnish and decorate their residential unit? |
| RS-3) | Does the participant have the freedom to come and go from the facility as they please? |
| RS-4) | Does the participant have the freedom to entertain visitors at the times of their choosing? |
| RS-5) | Does the participant have access to food at the times of their choosing? |
| RS-6) | Does the individual have the freedom to live without a roommate, or with a roommate of their own choosing? |
| RS-7) | Does the individual have a lease or other legally enforceable agreement subject to applicable tenant protection laws? |
| HBCS Compliant Settings Module – Non-Residential | |
| NRS-1) | Does the participant have the freedom to come and go from the setting as they please? |
| NRS-2) | Does the participant have the freedom to have visitors while at this setting? |
| NRS-3) | Does the participant have access to food at the times of their choosing? |
| NRS-4) | Does the participant have privacy during medical and therapy services and consultations? |
| NRS-5) | Is the participant afforded a private area from which to make telephone calls? |
| NRS-6) | Are all program and personal service areas physically accessible to the participant? |
| FIN. Financial Supports Module | |
| FIN-1 | Does the provider maintain a separate account for the individual? |
| FIN-2 | Has the provider supplied monthly account balances and records of transactions to the individual/ guardian? |

| MH. Mental Health |
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| MH-1 Does the individual have a diagnosed mental health condition? |
| MH-2 Is the condition being treated by a mental health professional? |
| MH-3 In the last 90 days has the individual's mental health interfered with their ability to interact with family, friends or caregivers? |
| MH-4 In the last 90 days, has the individual expressed feelings of wanting to die or harm themselves? |